

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

1 DRAC 2 PEDV 3 TRFD 4 TRFC 5 WEAT 6 DRVA 7 VIS 8 VEH 9 LIGHT 10 COLL 11 MARK 12 PPA 13 PPL

U1 199 33 22 199 199 14 15 1 199 9

U2

C100030396

INVESTIGATING AGENCY
CHICAGO POLICE DEPARTMENT

37 DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY ☐ \$500 OR LESS ☐ \$501 - \$1,500 ☒ OVER \$1,500

TYPE OF REPORT
☒ ON SCENE
☐ NOT ON SCENE (DESK REPORT)
☐ AMENDED

31 ☐ A No Injury / Drive Away ☒ B Injury and / or Tow Due To Crash

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33 B.D. NUMBER

14 TRFW

34 ADDRESS NO. (CIRCLE) 3600 (CIRCLE) N E S W Central

CITY CHICAGO

INTERSECTION RELATED ☒ Yes ☐ No

35

36 DATE OF CRASH TIME 12/22/2011 6:56 PM

37 BEAT OF OCCURRENCE 1633

15 VEH

38 NUMBER MOTOR VEHICLES INVOLVED 2

PHOTO(S) TAKEN ☐ Yes ☐ No

STATEMENT(S) TAKEN ☐ Yes ☐ No

16 NO LANES

17 ALGN

18 RSUR

19 VEHU

20 RDEF

21 BAC

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C100030396

49 DIAGRAM

R. D. Number

INDICATE NORTH
BY ARROW

CENTRAL

ADDISON



50 NARRATIVE (Refer to vehicle by Unit No.) EV# 13644

UNIT #1 EB ON ADDISON STRUCK UNIT #2 WHICH WAS STOPPED
WITH EMERGENCY LIGHTS ACTIVATED TO ALERT UNIT #1 THAT
TRAFFIC WAS BACKED UP IN THE INTERSECTION AND THE
OFFENDERS VEHICLE WAS APPROACHING AT A HIGH RATE OF SPEED.
OFFENDER FLED SCENE CAUSING MULTIPLE ACCIDENTS UNDER
P.D. [REDACTED], OFFENDER RESISTED ARREST, AND WAS TASED.
TICKET NUMBERS TW 404-732, 733, 734, 735, 736, 737, 738

IPRA/STEWART #34883) NOTIFIED 2135 HRS CL #1050855

59 HIT & RUN
WANTED
DRIVER

SEX

RACE

AGE

HAIR COL.

DISTINGUISHING MARKS / CLOTHING DESCRIPTION

UNIT NO. VEH. COLOR

MAIL
ONLYOFFICER ASSIGNED
STAR NO.

DATE ASSIGNED

SUPV. STAR NO.

IF CASE CLEARED HOW

☐ ARREST PROSECUTION

CITATION NO.

COURT RM.

COURT DATE

TIME

AM

PM

CHARGES

☐ EXC. CLEARED

SUSPENDED

☐ TIM CANNOT ID OFFENDER
☐ LETTER TO CONTACT RETURNED BY POST OFF
☐ VEH. REGISTRATION UNAVAILABLE☐ NO INVESTIGATIVE LEADS
☐ WARRANT OBTAINED
☐ INSUFFICIENT EVIDENCE FOR ARREST☐ VEH. STOLEN-RO NO
☐ OTHER (Specify)

PREPARED BY - SIGNATURE

STAR NO.

DATE (Day-Mo.-Yr.)

APPROVED BY SIGNATURE

STAR NO.

51

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.A CMV is defined as any motor vehicle used to transport
passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation beyond 75 air miles from the driver's work reporting location (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME

ADDRESS

CITY/STATE/ZIP

54 USDOT NO.

ILCC NO.

52 Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

53 Gross Vehicle Weight Rating (GVWR)

Were HAZMAT placards displayed on the vehicle? ☐ Yes ☐ No

55 If yes, name on placard

4-digit UN no.

1-digit Hazard Class no.

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Yes ☐ No ☐ UnknownDid HAZMAT Regulations violation contribute to the crash? ☐ Yes ☐ No ☐ UnknownDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Yes ☐ No ☐ Unknown

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Yes ☐ No ☐ Unk Out of Service? ☐ Yes ☐ No
MCS ☐ Yes ☐ No ☐ Unk Out of Service? ☐ Yes ☐ No

Form No.

56 IDOT PERMIT NO. WIDE LOAD? ☐ Yes ☐ No

TRAILER WIDTH(S): 0-96" 97-102" >102"

57 TRAILER 1 ☐☐☐TRAILER 2 ☐☐☐

TRAILER LENGTH(S): 1 ft TRAILER 2 ft

TOTAL VEHICLE LENGTH ft NO. OF AXLES

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY
MILES N E S W OR CHICAGO
CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET.

VEHICLE CONFIGURATION

CARGO BODY TYPE LOAD TYPE

ILLINOIS CRASH REPORT

Sheet 1 of 2 Sheets



C100256225

9	1	1	2	6	16	1	13	1	11	5	9	1	21	99	9																																												
INVESTIGATING AGENCY CHICAGO POLICE DEPARTMENT										37 DAMAGE TO ANY ONE PERSON'S VEHICLE PROPERTY <input checked="" type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500					TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED					31 <input type="checkbox"/> A No Injury Drive Away <input checked="" type="checkbox"/> B Injury and or Tow Due To Crash					33 R.D. NUMBER [REDACTED]																																		
ADDRESS NO. 6003										CITY CHICAGO					INTERSECTION RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					36 DATE OF CRASH 12/2/11					TIME 6:56 AM					BEAT OF OCCURRENCE 1633																													
HIGHWAY or STREET NAME Eddy										COUNTY COOK					PRIVATE PROPERTY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					CIRCLE DAY OF WEEK TH FR SA					38 NUMBER MOTOR VEHICLE INVOLVED 5					PHOTO(S) TAKEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					STATEMENT(S) TAKEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																								
AT INTERSECTION WITH Austin										DATE OF BIRTH 5/25/85					MAKE BMW					MODEL UNK					YEAR 10					CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 3					TOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					HAZMAT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					SPILL <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					COM VEH <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
STATE IL										ZIP 60630					SEX M					SAFT 25					AIR 26					INJURY 27					EJECT 28					VIN WBAHD6315PB383007					VEHICLE OWNER (LAST FIRST MI) DRIVER					INSURANCE CO NONE					POLICY NO DNA				
DRIVER LICENSE NO 56200608-5149										STATE IL					CLASS D					OWNER ADDRESS (STREET CITY STATE ZIP) ILLINOIS MASONIC					TELEPHONE					POLICY NO																													
EMERGENCY AGENCY CFD # 15										MAKE KIA					MODEL Sportage					YEAR 00					CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 6					TOWED <input type="checkbox"/> Yes <input type="checkbox"/> No					FIRE <input type="checkbox"/> Yes <input type="checkbox"/> No					HAZMAT <input type="checkbox"/> Yes <input type="checkbox"/> No					SPILL <input type="checkbox"/> Yes <input type="checkbox"/> No					COM VEH <input type="checkbox"/> Yes <input type="checkbox"/> No									
PARKED										STATE IL					ZIP 60630					INJURY 27					EJECT 28					VIN KNDJA7231YS66801					VEHICLE OWNER (LAST FIRST MI) LIBARES Libera					INSURANCE CO NONE					POLICY NO NONE														
OWNER ADDRESS (STREET CITY STATE ZIP) 6007 W. Eddy Chgo										TELEPHONE					POLICY NO					40 PASSENGERS & WITNESSES ONLY (NAME) (ADDRESS) (TEL)										41 (HOSP)					42 (HOSP)																								
43 DAMAGED PROPERTY OWNER NAME										DAMAGED PROPERTY					CONTRIBUTORY CAUSE(S) PRIMARY 4 SECONDARY 5					POSTED SPEED LIMIT 35					45 (DATE POLICE NOTIFIED) 12/2/11					TIME NOTIFIED 6:56					46 (DATE POLICE NOTIFIED) 12/2/11					COURT DATE 12/2/11																			
PROPERTY OWNER ADDRESS										CITY					STATE					ZIP					47 BEAT 1624					48 SUPERVISOR SIGNATURE/STAR NO.					49 (DATE POLICE NOTIFIED) 12/2/11					COURT DATE 12/2/11																			
44 ARREST NAME DRIVER UNIT #1										SECTION					CITATION NO					45 (DATE POLICE NOTIFIED) 12/2/11					TIME NOTIFIED 6:56					46 (DATE POLICE NOTIFIED) 12/2/11					COURT DATE 12/2/11																								
ARREST NAME										SECTION					CITATION NO					47 BEAT 1624					48 SUPERVISOR SIGNATURE/STAR NO.					49 (DATE POLICE NOTIFIED) 12/2/11					COURT DATE 12/2/11																								
46 STAR NO. 19481										SIGNATURE					47 BEAT 1624					48 SUPERVISOR SIGNATURE/STAR NO.					49 (DATE POLICE NOTIFIED) 12/2/11					COURT DATE 12/2/11																													

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

ILLINOIS CRASH REPORT

Sheet 2 of 3 Sheets

ADDITIONAL UNITS/AMENDED

1 9	2 9	3 9	4 1	5 1	6 2	7 11	8 11	9 8	10 8	11 1	12 1	13 5	14 9	15 31	16 9	17 9	18 9	19 9	20 9	21 9	22 9	23 9	24 9	25 9	26 9	27 9	28 9	29 9	30 9	31 9	32 9	33 9	34 9	35 9	36 9	37 9	38 9	39 9	40 9	41 9	42 9	43 9	44 9	45 9	46 9	47 9	48 9	49 9	50 9	51 9	52 9	53 9	54 9	55 9	56 9	57 9	58 9	59 9	60 9	61 9	62 9	63 9	64 9	65 9	66 9	67 9	68 9	69 9	70 9	71 9	72 9	73 9	74 9	75 9	76 9	77 9	78 9	79 9	80 9	81 9	82 9	83 9	84 9	85 9	86 9	87 9	88 9	89 9	90 9	91 9	92 9	93 9	94 9	95 9	96 9	97 9	98 9	99 9	100 9																														
INVESTIGATING AGENCY CHICAGO POLICE DEPARTMENT										37 DAMAGE TO ANY ONE PERSON'S VEHICLE - PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500										38 TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED										39 A No Injury Drive Away <input checked="" type="checkbox"/> B Injury and/or Tow Due To Crash										36 DATE OF CRASH 12/24/11										35 BEAT OF OCCURRENCE 1633										34 IDOT (BARCODE) CONTROL NUMBER C100750735																																																																					
40 ADDRESS NO 6003										41 (CIRCLE) HIGHWAY or STREET NAME N E S W E 800 Y										42 CITY CHICAGO										43 COUNTY COOK										44 INTERSECTION RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										45 PRIVATE PROPERTY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										46 HIT & RUN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										47 CIRCLE DAY OF WEEK SU MO TU WE TH FR SA										48 NUMBER MOTOR VEHICLES INVOLVED 5										49 PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										50 STATEMENTS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																													
49 NAME /										50 DATE OF BIRTH / /										51 MAKE ISUZU										52 MODEL TROOPER										53 YEAR 2000										54 CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 8 1 2 3 4 5 6 7 9 10 11 12 99										55 TOWED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										56 FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										57 HAZMAT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										58 SPILL <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										59 COM VEH <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																													
50 STREET ADDRESS /										51 SEX M										52 PLATE NO CH09473 IL										53 STATE IL										54 YEAR 2012										55 VIN JACDJS8XUN7JH40US										56 VEHICLE OWNER (LAST, FIRST MI) TURRES, Armando										57 INSURANCE CO STATE FARM										58 TELEPHONE /										59 POLICY NO 1431080005-13A																																							
60 STATE /										61 ZIP /										62 INJURY /										63 EJECT /										64 MAKE HYUNDA										65 MODEL SANTA FE										66 YEAR 08										67 CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 8 1 2 3 4 5 6 7 9 10 11 12 99										68 TOWED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										69 FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										70 HAZMAT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										71 SPILL <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										72 COM VEH <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
61 DRIVER LICENSE NO /										62 STATE /										63 CLASS /										64 VEHICLE OWNER (LAST, FIRST MI) CARBONACA, CELESTE										65 INSURANCE CO NONE										66 TELEPHONE /										67 POLICY NO /																																																																					
62 EMS AGENCY /										63 OWNER ADDRESS (STREET CITY, STATE, ZIP) 4048 N. MACDONALD										64 MAKE /										65 MODEL /										66 YEAR /										67 CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 8 1 2 3 4 5 6 7 9 10 11 12 99										68 TOWED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										69 FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										70 HAZMAT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										71 SPILL <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										72 COM VEH <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																													
63 PASSENGERS & WITNESSES ONLY										64 NAME										65 ADDRESS										66 CITY										67 STATE										68 ZIP										69 CONTRIBUTORY CAUSE(S) PRIMARY 4 SECONDARY 5										70 POSTED SPEED LIMIT 20										71 BARCODE *P0109*																																																	
73 STAR NO 7000										74 SIGNATURE /										75 BEAT 1624										76 SUPERVISOR SIGNATURE STAR NO /										77 DATE POLICE NOTIFIED 12/23/11										78 TIME NOTIFIED 6:57										79 COURT DATE /										80 COURT TIME /																																																											

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

CPD 0025033